



## MFA Facility Certification Final Application

Application Date: \_\_\_\_\_

### Facility Contact Person Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Facility Information:

Name: \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Month and year facility opened: \_\_\_\_\_

Facility Size (square feet): \_\_\_\_\_

Name and email of Marketing contact: \_\_\_\_\_

### Evaluation Information:

List all date conflicts over the next 90 days: \_\_\_\_\_

File Sharing Platform (Dropbox, Teams, Google, etc): \_\_\_\_\_

\_\_\_\_\_ We will provide access for MFA to our own platform

\_\_\_\_\_ We need to use the MFA platform